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ABSTRACT

This task analysis for nursing education provides performance standards, steps to be followed, knowledge required, attitudes to be developed, safety procedures, and equipment and supplies needed for 13 tasks performed by geriatric aides in the duty area of performing diagnostic measures and for 30 tasks in the duty area of providing therapeutic measures. Two tasks in the diagnostic measures duty area pertain to testing a patient's mental awareness and physical examinations; the other 11 include various aspects of urine and stool sample testing. Tasks in the therapeutic duty area cover many different medical procedures. For each task are listed the performance standard, steps, knowledge, attitudes, safety, equipment and supplies, the source of the task analysis (from the Vocational-Technical Education Consortium of States Catalog), and the Illinois State Goals for Learning. (KC)

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Education For Employment Task Lists

Illinois State Board of Education

Adult Vocational and Technical Education

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1988

TASK ANALYSIS

FOR

HEALTH OCCUPATIONS

CLUSTER: NURSING

OCCUPATION: GERIATRIC AIDE

Duty Area: Providing Therapeutic Measures

CE058965

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Illinois Competency Based Vocational
Education Project
Housed At: Lake County Area
Vocational Center
19525 West Washington Street
Grayslake, IL 60030-1194
(312) 223-6681 or 620-8770

Tasks Analyzed by CBVE
Health Occupations Consultant — Janice Lathrop

CBVE Project Director — Urban T. Oen, Ph.D.

TASK ANALYSIS

FOR

HEALTH OCCUPATIONS

CLUSTER: **NURSING**

OCCUPATION: **GERIATRIC AIDE**

Duty Area: Providing Therapeutic Measures

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Assist with removing, or remove, fecal impaction

PERFORMANCE STANDARD: Resident is examined for fecal impaction, and findings are reported to nurse. After removal of impaction by nurse, resident is cleansed. Treatment is reported and recorded.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Organize needed supplies.
6. Place resident in Sims' position.
7. Drape resident to protect privacy.
8. Place bedpan nearby.
9. Put on clean gloves.
10. Lubricate index finger.
11. Insert finger into the anal sphincter to inspect for fecal impaction.
12. Remove gloves and place on paper towel.
13. Leave resident in comfortable, safe position.
14. Report findings to nurse.
15. Assist nurse while impaction is being removed, if assigned.
16. Clean rectal area after impaction is removed.
17. Put away equipment and supplies.
18. Freshen air in resident's room.
19. Leave resident in comfortable and safe position.
20. Report and record treatment and results.

KNOWLEDGE

Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and families.
Use aseptic technique.
Organize needed supplies.
Place resident in Sims' position.
Identify advantages of water soluble lubricant.
Watch for signs of resident discomfort.
Describe the anal sphincter.
Describe fecal impaction and the implications for resident care.

KNOWLEDGE (Cont.)	Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Move and turn resident while in hospital bed. Cleanse and protect resident's skin. Chart treatments using facility recording system. Observe results of treatment.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Watch for signs of complications of procedure. Discontinue treatment, and report any complications.
EQUIPMENT AND SUPPLIES	Disposable pad Bedpan Clean gloves Lubricating jelly Paper towel Air freshener Resident's chart
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 86. Curriculum Models and Competencies, Associate Degree Nursing, North Carolina Department of Community Colleges, 1983. V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 60.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body. Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Goal 2-F: Proper diet and changing balances in special conditions.

Goal 2-K: Behaviors which promote self-esteem without being destructive to self or others.

Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Language Arts:

Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Social Sciences:

Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Give enema

PERFORMANCE STANDARD: Enema is administered using prescribed solution and following procedure. Resident evacuated bowel with desired results and is clean and dry. Treatment is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Organize needed supplies.
6. Position bed flat.
7. Instruct resident to empty bladder using bedpan, urinal, or commode as condition dictates, and assist if necessary.
8. Prepare solution to be administered.
   NOTE: Temperature should be approximately 40.5° C (105° F).
9. Run solution through tubing to remove air.
10. Place enema bag on standard 12-18 inches above resident.
11. Position underpad beneath resident's buttocks.
12. Position resident in Sims' position or on back with bedpan under buttocks and knees flexed as condition dictates.
13. Lubricate 1-2 inches of tip of enema tubing.
14. Put on gloves.
15. Spread resident's buttocks and insert tube, slowly and gently about 4 inches into rectum.
16. Release clamp and administer solution.
    NOTE: If resident experiences discomfort, stop flow and begin again at slower rate.
17. Clamp and remove tubing when resident can retain no more solution.
18. Wrap tubing in underpad.
19. Have resident take deep breaths to help retain solution.
20. Position resident on bedpan and tell resident to evacuate bowel or assist resident to bathroom to use toilet, as condition dictates.
21. Place toilet tissue and call button within reach.
22. Instruct resident to call for assistance when finished evacuating.
23. Assist resident to clean anal area.

STEPS (Cont.)

24. Remove and cover bedpan, if used.
25. Note contents of bedpan or toilet before disposing of fecal material.
26. Assist resident in washing hands.
27. Replace soiled gown and bed linens if necessary.
28. Clean area.
29. Leave resident in comfortable and safe position.
30. Clean equipment and return to storage.
31. Wash hands.
32. Report and record treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Place resident in Sims' position.
Identify various kinds of enemas that may be administered.
Give oil retention, cleansing and disposable enemas.
Explain the anatomy of the digestive tract and what the implications are for this treatment, i.e., enema.
Explain principle of gravity as it relates to this treatment, i.e., enema.
Identify advantages of water soluble lubricant.
Watch for signs of resident discomfort.
Describe the anal sphincter.
Assist resident to use bedpan.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.
Move and turn resident who is in hospital bed.
Cleanse and protect resident's skin.
Chart treatments using facility recording system.
Observe results of treatment.

ATTITUDES

Respect resident's right to privacy.
Respect resident's dignity.
Realize organization prevents loss of time and resident discomfort and inconvenience.
Empathize with resident's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Accept responsibility to do even distasteful nursing tasks thoroughly.
In addition, refer to Employability Skills List.

SAFETY	Prevent the spread of infection to resident, staff, and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Use thermometer to determine temperature of solutions. Use gentle touch during treatment as mucous membranes are easily injured. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment, and report any complications.
EQUIPMENT AND SUPPLIES	Disposable pad Bedpan Clean gloves Lubricating jelly Paper towel Air freshener Resident's chart Bath thermometer Washcloth Soap and water Towels Toilet tissue Enema set Enema solution Standard Clean gown and linens, if needed
SOURCE OF ANALYSIS	Being a Long-Term Care Nursing Assistant, Will and Eighmy, Brady Co., 1983. V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 57, 58.

ILLINOIS STATE GOALS FOR LEARNING

Biological and Physical Sciences:

- Goal 1-O: The nature of force.
- Goal 3-A: Ethical practices which include:
  3. rights of subjects, humanness and respect for life.
- Goal 4-A: Observation.
- Goal 4-F: Communication.

Language Arts:

- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Mathematics:

- Goal 3-E: Application of selected measurement systems, instruments, and techniques.

Physical Development and Health:

- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-F: Proper diet and changing balances in special conditions.
- Goal 2-K: Behaviors which promote self-esteem without being destructive to self or others.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Insert rectal tube

PERFORMANCE STANDARD: Rectal tube is inserted. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment.
6. Provide privacy.
7. Position resident on side with one knee flexed.
8. Put on clean gloves.
9. Lubricate rectal tube.
10. Encourage resident to take deep breaths as tube is inserted.
11. Insert tube about 4 inches.
12. Wrap free end of tube in towel.
13. Remove tube in 30 minutes or less.
14. Clean resident's rectal area.
15. Freshen air in resident's room, if necessary.
16. Clean and put away equipment and supplies.
17. Leave resident in comfortable and safe position.
18. Wash hands.
19. Report and record treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Identify rectal tube.
Explain how a rectal tube can release flatus.
Explain how this procedure can make a resident more comfortable.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Explain the anatomy of the digestive tract and what the implications are for this treatment, i.e., insert rectal tube.

KNOWLEDGE (Cont.)	Identify advantages of water soluble lubricant. Watch for signs of resident discomfort. Describe the anal sphincter. Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Move and turn resident in hospital bed. Cleanse and protect resident's skin. Chart treatments using facility recording system. Observe results of treatment.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Use gentle touch during treatment as mucous membranes are easily injured. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment, and report any complications.
EQUIPMENT AND SUPPLIES	Rectal tube Towels Washcloth Soap and water Clean gloves Lubricating jelly Paper towel Air freshener Resident's chart
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 65.

ILLINOIS STATE GOALS FOR LEARNING

Biological and Physical Sciences:

- Goal 1-O: The nature of force.
- Goal 3-A: Ethical practices which include:
  3. rights of subjects, humanness and respect for life.
- Goal 4-A: Observation.
- Goal 4-F: Communication.

Language Arts:

- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Physical Development and Health:

- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-F: Proper diet and changing balances in special conditions.
- Goal 2-K: Behaviors which promote self-esteem without being destructive to self or others.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Irrigate colostomy

PERFORMANCE STANDARD: Colon is emptied of fecal matter. Solution is administered with no solution remaining in colon. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure.
4. Wash hands.
5. Assemble equipment at bedside or in the bathroom.
6. Connect irrigation cone or catheter to tubing of irrigation bag.
7. Fill irrigation bag with solution as ordered.
   NOTE: Temperature should be approximately 40.5° C (105° F).
8. Allow solution to run through tubing to remove air.
9. Clamp tubing.
10. Hang irrigation bag on standard.
    NOTE: Level of bag should not be more than 18-20 inches above stoma.
11. Provide privacy.
    If resident is in bed:
12. Assist resident to turn toward side from which colostomy will drain.
13. Place disposable underpad under resident near colostomy opening.
14. Place bedpan directly under stoma.
    If resident is in bathroom:
15. Assist resident to sit on toilet so that colostomy can drain into toilet.
16. Put on disposable gloves.
17. Remove soiled dressing and/or stoma pouch.
18. Discard soiled dressing in disposable bag.
19. Measure excreta in bag and discard.
20. Cleanse area around stoma with soap and water.
21. Remove and discard gloves.
22. Put on fresh gloves.
23. Lubricate rectal tip.
24. Insert rectal tip into colostomy stoma and hold catheter securely to prevent backsplash and trauma.
    CAUTION: DO NOT FORCE TIP INTO STOMA.
25. Unclamp tubing and allow solution to run in slowly.

STEPS (Cont.)

26. Clamp tubing.
27. Remove rectal tube.
28. Instruct resident to remain on side (or on toilet with irrigator drain bag in place) until all solution has returned.
29. Remove bedpan and discard contents (or flush toilet).
30. Remove and discard gloves.
31. Wash hands.
32. Cleanse area around stoma.
33. Apply skin prep as ordered.
34. Apply dressing or drainage bag.
35. Clean and put away equipment and supplies.
36. Leave resident in a safe and comfortable position.
37. Wash hands.
38. Chart treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Explain the anatomy of the digestive tract and what the implications are for this treatment, i.e., colostomy irrigation.
Explain reason for colostomy.
Explain different types of colostomies and the appearance of each.
Use ostomy supplies.
Apply colostomy bag or irrigating drain.
Explain principle of gravity as it relates to this treatment, i.e., colostomy irrigation.
Identify advantages of water soluble lubricant.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.
Move and turn resident who is in hospital bed.
Cleanse and protect resident's skin.
Explain special needs for skin care which is exposed to chemicals, adhesives and feces.
Encourage resident in self care as appropriate.
Chart treatments using facility recording system.
Use observation skills to assess results of irrigation.

ATTITUDES

Respect resident's right to privacy.
Respect resident's dignity.
Realize organization prevents loss of time and resident discomfort and inconvenience.

ATTITUDES (Cont.)	Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Accept responsibility to do even distasteful nursing tasks thoroughly. Empathize with resident's feelings of altered body image. Accept resident's embarrassment or squeamishness at seeing feces in colostomy bag. Recognize importance of teaching resident acceptance and independence. Accept possibility of resident's initial feelings of being overwhelmed and unwilling to care for self. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Use thermometer to determine temperature of solutions. Use gentle touch during treatment as mucous membranes are easily injured. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Avoid excessive fluid pressure by holding container with solution at the best height to control instillation. Discontinue treatment, and report any complications.
EQUIPMENT AND SUPPLIES	Bedpan with cover or toilet Clamp Disposable bag for waste Disposable enema tray with small rubber rectal tube Disposable gloves Disposable underpad (for bed resident) Drainage bag or dressing Irrigation bag Irrigation cone or catheter Standard Resident's chart Prescribed solution Bath thermometer Skin prep Soap pads Stoma pouch
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 130. Curriculum Models and Competencies, Associate Degree Nursing, North Carolina Department of Community Colleges, 1983.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Apply cold compress

PERFORMANCE STANDARD: Bed linens and resident are dry. Cold compress covers the designated area and remains in place the prescribed length of time. The treatment and results are recorded and reported as required.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Organize needed supplies and equipment.
6. Position resident in appropriate position depending upon where the compress is to be applied.
7. Place cold solution in basin.
8. Provide privacy for resident.
9. Protect bed linen during treatment with plastic sheet or disposable pad.
10. Moisten compress in solution.
11. Apply compress to area to receive treatment.
12. Check pulses in area of treatment.
13. Keep compress cold by changing compress every 2-3 minutes or by applying plastic with an ice bag over compress.
14. Check area frequently for blueness or paleness.
15. Continue treatment for the specified period of time.
16. Dry resident after the treatment.
17. Clean and return equipment to storage.
18. Leave resident in comfortable, safe position.
19. Report and record treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.

ILLINOIS STATE GOALS FOR LEARNING

Biological and Physical Sciences:
- Goal 1-O: The nature of force.
- Goal 3-A: Ethical practices which include:
  3. rights of subjects, humanness and respect for life.
- Goal 4-A: Observation.
- Goal 4-F: Communication.

Language Arts:
- Goal 2-F: Effective and appropriate responses.
- Goal 2-D: Distinction among different purposes in communication.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:
- Goal 3-E: Application of selected measurement systems, instruments, and techniques.

Physical Development and Health:
- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-F: Proper diet and changing balances in special conditions.
- Goal 2-K: Behaviors which promote self-esteem without being destructive to self or others.
- Goal 2-M: Development of positive self-concept and how it relates to physical and emotional variations and interpersonal relationships.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

Social Sciences:
- Goal 3-B: Selected principles of learning and motivation.
- Goal 3-C: Selected relationships between personality and development.
- Goal 3-E: Common support networks in contemporary society.
- Goal 3-F: Development of oral and written communication.

KNOWLEDGE (Cont.)	Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Move and turn resident who is in hospital bed. Cleanse and protect resident's skin. Chart treatments using facility recording system. Observe results of treatment. Explain the effects of cold on the skin and body. Explain the implications of decreased circulation of the elderly and cold application. Find pulse points of the body. Apply an ice bag. Time treatments as prescribed.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Basin Ice Plastic sheet(s) or disposable pad Solution as prescribed Ice bag Towel(s)
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 48.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:

- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.
- Goal 2-A: Meaning of spoken messages.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Administer hot soak

PERFORMANCE STANDARD: Designated area is immersed the prescribed period of time in the prescribed solution without burning the resident. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment.
6. Place resident in position for procedure.
7. Protect bed linen during treatment with plastic sheet or disposable pad.
8. Fill basin one-half full with solution as ordered.
9. Lower the part of the resident's body slowly into the solution.
10. Cover the treatment area to conserve heat.
11. Add more solution to maintain the temperature of the solution.
    NOTE: Remove the body part from the basin while adding solution.
12. Check the resident's skin during treatment for reaction to heat.
13. Pat resident's skin dry.
14. Clean and store equipment.
15. Assist resident to a safe, comfortable position.
16. Record and report treatment and results as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.

KNOWLEDGE (Cont.)	Make hospital bed, occupied or unoccupied. Move and turn resident who is in hospital bed. Cleanse and protect resident's skin. Chart treatments using facility recording system. Observe results of treatment. Determine the temperature of solution using a bath thermometer. Explain the reaction of the skin to heat therapy. Explain the implications of decreased circulation of the elderly and the application of heat.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Explain safe temperature of solution which is to be in contact with resident's skin. Prevent the spread of infection to residents, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Use thermometer to determine temperature of solutions. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Basin Plastic sheet Solution as prescribed Bath thermometer Towels
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 49.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:

- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.
- Goal 2-A: Meaning of spoken messages.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Administer sitz bath

PERFORMANCE STANDARD: Water temperature is prepared and maintained. Resident is assisted into and out of tub safely. The sitz bath is continued for the designated time unless the resident experiences faintness.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Organize equipment and supplies.
6. Fill tub 1/3-1/2 full of water.
7. Ask resident to void.
8. Check the temperature of the water (100^0-110^0F or 39^0-44^0C).
9. Assist resident into tub.
10. Time the sitz bath as directed.
11. Add water to maintain temperature.
    NOTE: To avoid the danger of scalding, add hot water away from resident.
12. Observe resident for faintness.
13. Assist resident from tub.
14. Assist resident in drying.
15. Accompany resident back to room.
16. Clean tub.
17. Remove soiled linens and equipment.
18. Report and record treatment as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.
Cleanse and protect resident's skin.
Chart treatments using facility recording system.

KNOWLEDGE (Cont.)	Observe results of treatment. Determine the temperature of solution using a bath thermometer. Explain the reaction of the skin to heat therapy. Time treatments as prescribed. Recognize faintness. Explain the implications of decreased circulation of the elderly and the application of heat.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Explain safe temperature of solution which is to be in contact with resident's skin. Prevent the spread of infection to residents, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Use thermometer to determine temperature of solutions. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Place call light where resident can easily reach it. Discontinue treatment and report any complications. Maintain temperature of water by adding hot water to tub a safe distance away from the resident.
EQUIPMENT AND SUPPLIES	Towels Bath thermometer Sitz tub or bathtub
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 50.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.
- Goal 2-A: Meaning of spoken messages.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Apply heat lamp

PERFORMANCE STANDARD: Heat lamp is directed to prescribed area. The time prescribed for the treatment is observed. The lamp is positioned approximately 18 inches from skin.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment.
6. Provide privacy.
7. Place resident in position for procedure.
8. Expose only the part of the body to be treated.
9. Direct heat of the lamp to designated skin area.
10. Check the resident's skin during treatment for reaction to heat.
11. Continue treatment as long as directed.
12. Store equipment.
13. Assist resident to a safe, comfortable position.
14. Record and report treatment and results as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.
Move and turn resident who is in hospital bed.
Cleanse and protect resident's skin.
Chart treatments using facility recording system.
Observe results of treatment.
Explain the reaction of the skin to heat therapy.

KNOWLEDGE (Cont.)	Time treatment as prescribed. Explain the implications of decreased circulation in the elderly and the application of heat.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. Accept responsibility to assure that resident does not suffer a burn from treatment. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to residents, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Place call light where resident can easily reach it. Discontinue treatment and report any complications. Check on resident often and regularly during treatment to prevent burns. Use safety items as intended, i. e., shield over lamp bulb, three-pronged plug. NOTE: DO NOT BYPASS SAFETY PRECAUTIONS.
EQUIPMENT AND SUPPLIES	Heat lamp
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 52.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.
- Goal 2-A: Meaning of spoken messages.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:

- Goal 3-B: Estimation of measurements.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Apply warm compress

PERFORMANCE STANDARD: Moist heat is applied to selected area for designated time. Resident's skin is monitored during treatment. Procedure is charted and reported as required.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment.
6. Place resident in position for procedure.
7. Protect bed linen during treatment with plastic sheet or disposable pad.
8. Lubricate skin around area to be treated using petroleum jelly.
9. Check temperature of solution with solution thermometer. NOTE: Temperature should not exceed 115°-120°F or 47°-49°C.
10. Dip compresses in solution; wring out and apply to area to be treated.
11. Cover with plastic wrap or towel to maintain heat.
12. Reheat compresses by dipping again.
13. Check area frequently for signs of redness.
14. Wash off petroleum jelly after completion of treatment.
15. Dry resident.
16. Clean and replace equipment.
17. Assist resident to a safe, comfortable position.
18. Record and report treatment and results as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.

KNOWLEDGE (Cont.)	Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Move and turn resident who is in hospital bed. Explain the implications of decreased circulation of the elderly and the application of heat. Use facility procedures for recording and reporting. Cleanse and protect resident's skin.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Explain safe temperature of solution which is to be in contact with resident's skin. Prevent the spread of infection to residents, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Use thermometer to determine temperature of solutions. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Basin Compresses Petroleum jelly Protective plastic sheet or disposable pad Plastic wrap Towels Bath thermometer Solution
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 95.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:

- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.
- Goal 2-A: Meaning of spoken messages.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Apply aquamatic pad

PERFORMANCE STANDARD: Aquamatic unit is filled 2/3 full with distilled water. Resident is not wet, burned or in discomfort from heat application. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment.
6. Place resident in position for procedure.
7. Provide privacy.
8. Fill aquamatic unit with distilled water until 2/3's full.
9. Remove air bubbles and secure top.

For moist application:

10. Place wet side of pad on area to receive treatment.

For dry application:

11. Place dry side of pad on area to receive treatment.
12. Instruct resident to summon nurse if discomfort is experienced.
13. Place call button within resident's reach.
14. Return and check skin condition frequently.
15. Check water level once each shift and fill with distilled water.
16. Leave resident in safe and comfortable position.
17. Clean area and return equipment to storage.
18. Record and report treatment as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.

KNOWLEDGE (Cont.)	Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Move and turn resident who is in hospital bed. Cleanse and protect resident's skin. Chart treatments using facility recording system. Observe results of treatment. Explain the implications of decreased circulation of the elderly and the application of heat.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. Treat expensive equipment with care and according to instructions. In addition, refer to Employability Skills List.
SAFETY	Explain safe temperature of items which is to be in contact with resident's skin. Prevent the spread of infection to residents, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call button where resident can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Aquamatic pad and unit Distilled water
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 65.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation. Goal 2-A: Meaning of spoken messages. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Apply ice bag

PERFORMANCE STANDARD: Ice bag is securely applied to selected area for designated time. Resident's skin is monitored during treatment. Procedures are recorded and reported as required.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Organize needed supplies and equipment.
6. Position resident in appropriate position depending upon where the ice bag is to be applied.
7. Fill ice bag 3/4 full.
8. Remove excess air.
9. Protect resident and bed linen with plastic sheet or disposable pad.
10. Place a cover between the ice bag and the resident.
11. Apply ice bag to area to receive treatment.
12. Check area frequently for blueness or paleness and for tingling and loss of sensation.
13. Continue treatment for the specified period of time.
14. Empty, clean and return equipment to storage.
15. Leave resident in comfortable, safe position.
16. Report and record treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.
Move and turn resident who is in hospital bed.
Cleanse and protect resident's skin.

KNOWLEDGE (Cont.)	Chart treatments using facility recording system. Observe results of treatment. Explain the effects of cold on the skin and body. Explain the implications of decreased circulation of the elderly and the application of cold. Time treatments as prescribed.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Ice bag Protective cover Ice Plastic sheet or disposable pad
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 57.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation. Goal 2-A: Meaning of spoken messages. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Assist with whirlpool treatment

PERFORMANCE STANDARD: Resident is provided with whirlpool bath as ordered. Resident is assisted with transportation to and from bath area and assisted with bath as required, whirlpool bath is correctly adjusted and water temperature is maintained at 105°. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy.
7. Transport or accompany resident to bath area, providing robe, slippers, blanket and wheelchair, if needed.
8. Adjust whirlpool action.
9. Monitor temperature of water.
10. Place "Occupied" sign on door.
11. Assist resident with undressing.
12. Assist resident into tub.
13. Remain with resident or return at intervals.
14. Assist resident from tub and provide towel.
15. Assist resident with dressing as needed.
16. Return resident to room and assist with removing robe and slippers.
17. Assist resident into bed.
18. Leave resident in comfortable, safe position.
19. Clean whirlpool bath area.
20. Report and record treatment as required.

KNOWLEDGE

Explain the implications of decreased circulation of the elderly and the application of heat.
Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.

KNOWLEDGE (Cont.)	Operate hospital bed. Transport resident in wheelchair. Transfer resident from bed to wheelchair, and from wheelchair to bed. Use thermometer to determine the temperature of water. Watch for signs of resident discomfort. Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Move and turn resident who is in hospital bed. Cleanse and protect resident's skin. Record treatments using facility recording system. Report observations and treatments according to facility reporting procedures.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Explain safe temperature of solution which is to be in contact with resident's skin. Prevent the spread of infection to residents, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Use thermometer to determine temperature of solutions. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Towel Washcloth Soap Whirlpool bath Wheelchair, if needed OCCUPIED sign
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 115.

ILLINOIS STATE GOALS FOR LEARNING

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 6-D: English grammar.

Mathematics:

- Goal 3-A: Measurement in various contexts using appropriate units.

Biological and Physical Sciences:

- Goal 4-A: Observation.
- Goal 4-F: Communication.

Physical Development and Health:

- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Administer tepid bath

PERFORMANCE STANDARD: Resident's temperature is taken before and after bath. Bath water is 86°F and treatment lasts 15 minutes. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Take resident's temperature.
7. Assist resident to tub room if body temperature is normal or according to assignment.
8. Draw water.
   NOTE: Temperature of water should be 86°F (30°C).
9. Provide privacy.
10. Eliminate drafts.
11. Assist resident in undressing.
12. Assist resident into tub.
13. Sit with resident during 15 minute treatment if necessary.
14. Assist resident to dry.
15. Assist resident in dressing.
16. Assist resident back to bed.
17. Take resident's temperature.
18. Leave resident in safe, comfortable position.
19. Wash hands.
20. Report and record treatment as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.

KNOWLEDGE (Cont.)	Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Transport resident using wheelchair. Take resident's temperature. Determine the temperature of water using thermometer. Cleanse and protect resident's skin. Use facility system in reporting and recording treatments. Observe results of treatment. Explain the implications of decreased circulation of the elderly and the application of thermal treatments.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Explain safe temperature of solution which is to be in contact with resident's skin. Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Use thermometer to determine temperature of solutions. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Bath thermometer Thermometer Towels Bathtub
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 63.
ILLINOIS STATE GOALS FOR LEARNING	Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Goal 7-D: Ability to determine whether an estimate is a better alternative than an exact value.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Physical Development and Health:

- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Apply electric hypothermal blanket

PERFORMANCE STANDARD: Hypothermal blanket is free of defects and kinks in tubing. Machine is placed in cool, unobstructed area. Resident's temperature and skin color are monitored for changes. Blanket is applied next to resident's skin, one pad under the resident and one pad over the resident. Machine is operated according to facility procedure. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment.
6. Check equipment for defects.
7. Remove kinks in tubing.
8. Place machine in cool, unobstructed area.
9. Connect K-pad to machine.
10. Connect probe to machine.
11. Plug in machine.
12. Fill reservoir with prescribed solution.
13. Set dial to prescribed temperature.
14. Recheck fluid level after 2-3 minutes.
15. Position resident with the help of another staff member in order to apply K-pad to bedding.
16. Position one body-size pad under resident so pad comes in contact with resident's skin.
17. Remove resident's gown.
18. Place second body-size pad on top of resident.
19. Insert probe into resident's rectum.
20. Tape probe in place.
21. Set automatic cool-heat button on machine.
22. Take resident's temperature.
23. Retake resident's temperature frequently.
24. Check resident's skin color.
25. Report and record abnormal temperature and skin color changes.
26. Provide for resident's comfort during treatment.
27. Wash hands.
28. Record and report information as required.

KNOWLEDGE	Read and interpret assignment sheet. Read and interpret resident care plan. Use facility procedure for positively identifying resident. Wash hands aseptically. Use communication skills to explain procedures to resident and family. Use aseptic technique. Organize needed supplies. Operate hospital bed. Position resident for treatment. Watch for signs of resident discomfort. Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Move and turn resident who is in hospital bed. Cleanse and protect resident's skin. Take resident's temperature. Insert rectal probe. Explain normal body temperature ranges. Explain normal appearance of skin. Explain appearance of skin as affected by abnormal body temperature. Chart treatments using facility recording system. Observe results of treatment. Use hypothermal blanket and machine. Use facility system to record and report treatments. Explain the implications of decreased circulation of the elderly and the application of heat and cold.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. Accept the fact that a resident who is seemingly unconscious may be able to hear conversation going on around them. Treat expensive equipment with care. In addition, refer to Employability Skills List.
SAFETY	Explain safe temperature of item which is to be in contact with resident's skin. Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended.

SAFETY (Cont.)	Place call light where resident can easily reach it even though the resident is seemingly unconscious. Discontinue treatment and report any complications. Use caution in handling K-pads as the tubing can be punctured with sharp items, such as safety pins. Use caution when inserting probe into resident's rectum as mucous membranes are easily injured.
EQUIPMENT AND SUPPLIES	Tape Hypothermal K-pads Hypothermal machine Reservoir solution Thermometer Additional staff person
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 125.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Assist with dressing change

PERFORMANCE STANDARD: Equipment and supplies for dressing change are placed where they are convenient for use. Supplies and equipment are safe for use. Nurse or physician are assisted as needed. Waste is disposed of according to facility procedures. Procedure is recorded and reported as required.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment including dressing tray, sterile gloves, adhesive or nonallergic tape, plastic bag, basin or waste can.
6. Check autoclave indicator and date on all equipment and supplies.
7. Place equipment and supplies where it will be convenient for use.
8. Provide privacy for resident.
9. Tear off tape that will be needed for dressing change and place it where it will be available for use.

When nurse or physician is ready:

10. Assist as needed.

When dressing change is completed:

11. Leave resident in safe, comfortable position.
12. Clean and replace all equipment used.
13. Dispose of all waste according to facility procedure.
14. Wash hands.
15. Report and record procedure as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Explain transmission of microorganisms.
Recognize sterile surfaces and contaminated surfaces.
Maintain a sterile field.

KNOWLEDGE (Cont.)	Use "drop" or "mitten" techniques to transfer items into sterile field. Use pickup forceps. Use sterile gloves. Use aseptic technique. Organize needed supplies. Operate hospital bed. Position resident for treatment. Watch for signs of resident discomfort. Use medical terminology to communicate with other health care workers. Describe the changing of a dressing. Make hospital bed, occupied or unoccupied. Use facility system in reporting and recording treatments. Observe results of treatment. Interpret autoclave indicators. Use infection control procedures to dispose of waste.
ATTITUDES	Recognize the danger to resident, staff and families if careless regarding contamination of sterile field or disposal of contaminated dressings. Anticipate what the person being assisted will need during the procedure. Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications. Use facility infection control procedures to dispose of waste.

EQUIPMENT AND SUPPLIES	Pickup forceps Sterile dressing tray Sterile gloves Adhesive or nonallergic tape Plastic bag, basin or waste can
SOURCE OF ANALYSIS	Diversified Health Occupations, Louise Simmers, 1983, pp. 75-85.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Social Sciences: Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Apply clean dressing

PERFORMANCE STANDARD: Dressing is applied as ordered. Observations and treatment are reported and recorded as required. Old dressings are disposed of according to facility procedures.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Place equipment and supplies where they will be convenient.
7. Provide privacy for resident.
8. Position resident for treatment.
9. Remove soiled dressing.
10. Note characteristics of area being dressed and drainage on old dressing.
11. Wash and dry wound to be dressed.
12. Apply dressing as ordered.
13. Secure dressing using tape, metal clips or safety pins, as ordered.
14. Leave resident in safe, comfortable position.
15. Clean area disposing of all waste according to facility procedure.
16. Put equipment and supplies away.
17. Wash hands.
18. Report and record procedure as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Explain transmission of microorganisms.
Apply bandages.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.

KNOWLEDGE (Cont.)	Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Cleanse and protect resident's skin. Use facility system in reporting and recording treatments. Observe results of treatment. Use infection control procedures to dispose of waste.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Nonsterile dressing Soap or other cleansing agent, as ordered Tape, metal clips or safety pins
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 97.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Apply elastic bandage

PERFORMANCE STANDARD: Elastic bandages are applied as ordered. Bandages completely cover intended area and fit snugly and smoothly but do not impede circulation. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Remove bedcovers and expose resident's feet and legs.
7. Position extremity to be wrapped at same level as heart.
8. Wrap bandage from distal to proximal part of extremity.
9. Anchor bandage at beginning.
10. Apply bandage with firm, even pressure, avoiding wrinkles.
11. Wrap bandage so that area is completely covered.
12. Anchor end of bandage.
13. Check pulse or observe skin color to determine that circulation is adequate.
14. Leave resident in safe, comfortable position.
15. Report and record treatment as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Recognize signs and symptoms of impeded circulation.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.

KNOWLEDGE (Cont.)	Make hospital bed, occupied or unoccupied. Use facility system in reporting and recording treatments. Explain the implications of decreased circulation of the elderly and the application of elastic bandage. Observe results of treatment.
ATTITUDES	Respect resident's right to privacy.. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Elastic bandages
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 93.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Geriatric Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply binder

PERFORMANCE STANDARD Area to which binder is applied is clean and dry. Binder is wrapped tightly but does not cut off circulation. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Measure area to which binder will be applied.
6. Order binder indicated by measurement.
7. Assemble supplies.
8. Provide privacy.
9. Position resident for treatment.
10. Wash and dry area to be wrapped.
11. Apply binder, pulling very tightly.
12. Fasten lower edge to Velcro.
13. Continue fastening up the Velcro strip.
14. Leave resident in safe, comfortable position.
15. Wash hands.
16. Report and record procedure.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Measure using tape measure.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.
Cleanse and protect resident's skin.
Use facility system in reporting and recording treatments.
Observe results of treatment.

ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications. Check resident at intervals to see that circulation isn't impeded.
EQUIPMENT AND SUPPLIES	Velcro binder Tape measure Soap and water Washcloth Towel
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 106.
ILLINOIS STATE GOALS FOR LEARNING	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Physical Development and Health:

Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Mathematics:

Goal 3-A: Measurement in various contexts using appropriate units.

TASK ANALYSIS

OCCUPATION	Geriatric Aide
DUTY AREA	Providing Therapeutic Measures
TASK	Connect nasogastric tube to suction machine
PERFORMANCE STANDARD	NOTE: This procedure is not performed by the Geriatric Aide The Geriatric Aide performs the task "Measure and record contents of gastric and intestinal drainage bottles."

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Assist physician in performing therapeutic procedure

PERFORMANCE STANDARD: Resident is prepared for procedure. Physician is provided with required assistance, equipment and supplies. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy.
7. Position resident for procedure.
8. Open equipment and supplies as needed.
9. Hand equipment and/or supplies to physician as needed.
10. Hold resident, if needed, during procedure.
11. Provide support and reassurance to resident during procedure.
12. Leave resident in a safe, comfortable position.
13. Clean or dispose of equipment and supplies after procedure.
14. Wash hands.
15. Report and record procedure.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.
Use facility system in reporting and recording treatments.
Determine equipment and supplies needed for treatment.
Observe results of treatment.

ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it.
EQUIPMENT AND SUPPLIES	Equipment and supplies for procedure
SOURCE OF ANALYSIS	Curriculum Models and Competencies, Associate Degree Nursing, North Carolina Department of Community Colleges, 1983.
ILLINOIS STATE GOALS FOR LEARNING	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Social Sciences: Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Set up croup tent

PERFORMANCE STANDARD: Croup tent covers resident from head to waist, and mist is flowing at prescribed rate. NO SMOKING signs are posted on door and above resident's bed. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify resident.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment.
6. Check equipment for defective parts and replace if necessary.
7. Plug compressor compartment into grounded outlet.
8. Turn switch to cool.
9. Raise canopy support rod to horizontal position.
10. Raise canopy over rod.
11. Stretch opening in canopy around evaporation shroud to tent.
12. Place canopy sides under mattress.
13. Turn on oxygen source to prescribed flow.
14. Post NO SMOKING signs over bed and on door.
15. Observe resident for change in consciousness level, abnormal color, perspiration, change in blood pressure, and increasing heart rate and temperature.
    NOTE: Report changes to nurse in charge.
16. Leave resident in safe, comfortable position.
17. Wash hands.
18. Report and record procedure.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Explain the mechanism of the croup tent.
Operate hospital bed.
Position resident for treatment.

KNOWLEDGE (Cont.)	Watch for signs of resident discomfort. Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Move and turn resident who is in hospital bed. Take resident's temperature. Explain normal body temperature ranges. Explain normal appearance of skin, including color and perspiration rate. Explain appearance of skin as affected by abnormal body temperature. Take blood pressure. Take pulse. Observe level of consciousness. Observe results of treatment. Use facility system to record and report treatments.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. Accept resident's feelings of fear of being "closed in" which may be heightened by an inability to breathe normally. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff, and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it even though the resident is seemingly unconscious. Use no electrical equipment inside tent because of the combustibility of oxygen.
EQUIPMENT AND SUPPLIES	Compressor compartment NO SMOKING signs Oxygen tent Oxygen wall outlet or cylinder
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 116.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:

- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-J: Healthy and unhealthy responses to stress and their relationship to physical and mental illness.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Set up vaporizer

PERFORMANCE STANDARD: Vaporizer contains sterile water and is operating with mist directed toward resident. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Check vaporizer for defective parts and replace, if necessary.
7. Pour sterile water into vaporizer to "fill" line.
8. Place vaporizer on bedside table.
9. Plug vaporizer into grounded outlet.
10. Turn vaporizer on.
11. Turn mist outlet toward resident.
12. Check water level each shift.
13. Clean and put away equipment and supplies not in use.
14. Leave resident in a safe and comfortable position.
15. Wash hands.
16. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.
Move and turn resident who is in hospital bed.
Observe results of treatment.
Use facility system to record and report treatments.

ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it even though the resident is seemingly unconscious. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Sterile water Vaporizer
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 117.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Social Sciences: Goal 3-F: Development of oral and written communication.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Assist patient with postural drainage

PERFORMANCE STANDARD: Postural drainage initiates coughing and results in expectoration of sputum. Resident is assisted into postural drainage positions as ordered and for length of time ordered. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for resident.
7. Watch for resident distress throughout procedure.
8. Provide resident with emesis basin and tissues.
9. Determine length of time resident is to remain in each drainage position.

For adult resident:

10. Seat resident in chair with head bent forward.

For child:

11. Seat resident in lap and lean resident's trunk backward at 30° angle.

For both adult and child:

12. Place towel to catch drainage or secretions.
13. Percuss over area between clavicle and scapulae using three index fingers flexed and held together.

For adult resident:

14. Assist resident to lie partly on left side and partly on abdomen on flat bed.

For small child:

15. Lean child forward on lap at 20° angle over pillow.

For both adult and child:

16. Percuss upper back on both sides between scapulae.
17. Assist resident to supine position.
18. Percuss upper chest below clavicle down to nipple line.
    NOTE: Do not percuss breasts of women.
19. Elevate foot of bed 15 inches.
20. Instruct resident to lie on right side.
21. Place pillows against resident's back and instruct resident to lean against pillows.

STEPS (Cont.)

22. Percuss left side of chest between fourth and sixth rib.
    NOTE: For females, percuss beneath breast with heel of hand toward armpit.
23. Instruct resident to lie on left side.
24. Place pillows against resident's back and instruct resident to lean against pillows.
25. Percuss right side of chest between fourth and sixth rib.
    NOTE: For females, percuss beneath breast with heel of hand toward armpit.
26. Position bed flat.
27. Assist resident to lie on abdomen.
28. Percuss middle area of back on both sides of spine.

For adult resident:

29. Elevate foot of bed 18 inches.
30. Elevate resident's hips on pillows so that hips are higher than shoulders.

For small child:

31. Lie child on left or right side with head lowered 30°.

For both adult and child:

32. Reverse side-lie to percuss other side.
33. Percuss both sides over lower ribs but above stomach.

For adult resident:

34. Position bed flat.
35. Assist resident to side-lying position with hips elevated on pillows.

For small child:

36. Lie child on back with head elevated 30°.
37. Place pillows under affected side.

For both adult and child:

38. Percuss lower ribs.
39. Assist resident into prone position by elevating hips into jackknife position from knees to shoulders.
40. Percuss over lower ribs on both sides, close to spine.
    CAUTION: DO NOT PERCUSS OVER SPINE OR WHERE KIDNEYS LIE.
41. Leave resident in a safe and comfortable position.
42. Clean and put away equipment and supplies not in use.
43. Wash hands.
44. Record and report resident's tolerance of procedure and sputum production.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment, including prone, supine, side-lying and jackknife positions.

KNOWLEDGE (Cont.)	Explain the anatomy and physiology of the respiratory system. Watch for signs of resident discomfort. Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Move and turn resident who is in hospital bed. Observe results of treatment. Use facility system to record and report treatments.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Emesis basin Pillows Tissues Towel
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 119.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Social Sciences: Goal 3-F: Development of oral and written communication.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Suction infant's respiratory passage with bulb syringe

PERFORMANCE STANDARD: Infant's airway is patent. Procedure is reported and recorded as required.

STEPS:

1. Scrub hands.
2. Position infant by holding infant with head down or turning infant's head to side.
3. Suction nose and mouth gently with bulb syringe.
4. Put infant on back.
5. Repeat suctioning procedure if necessary.
6. Ascertain that airway is clear.
7. Place infant in crib.
8. Report and record nursing care.

KNOWLEDGE:

Wash hands aseptically.
Use aseptic technique.
Organize needed supplies.
Position patient for treatment.
Watch for signs of patient discomfort.
Use medical terminology to communicate with other health care workers.
Observe results of treatment.
Use facility system to record and report treatments.
Describe the anatomy of respiratory passages of infant.
Use bulb syringe for suctioning.
Hold an infant.

ATTITUDES:

Realize organization prevents loss of time and patient discomfort and safety.
Communicate willing and matter-of-fact attitude.
Accept responsibility to do even distasteful nursing tasks thoroughly.
Recognize the need to ask for assistance from licensed personnel when needed.
In addition, refer to Employability Skills List.

SAFETY	Prevent the spread of infection to patient, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to patient and self. Prevent accidents by providing adequate assistance to patient as indicated by their condition. Put crib sides up before leaving patient unattended.
EQUIPMENT AND SUPPLIES	Bulb syringe
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 176.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-F: Basic concepts of human growth and development during the following stages: prenatal, infancy, childhood, adolescence, adulthood and the aging. Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Language Arts: Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Assist with turning, coughing and deep breathing

PERFORMANCE STANDARD: Resident's position is changed at least every two hours. Resident is taking deep breaths and is coughing forcibly every two hours. Procedure and observations are reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for resident.
7. Place resident in supine position with head elevated as high as condition will permit.
8. Support operative site if appropriate.
9. Instruct resident to take a deep breath and cough as forcibly as possible.
10. Instruct resident to continue to deep breathe and cough 3-5 times.
11. Change resident's position at least every two hours.
12. Leave resident in a safe and comfortable position.
13. Clean and put away equipment and supplies not in use.
14. Wash hands.
15. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Support operative site with pillows.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.

KNOWLEDGE (Cont.)	Move and turn resident who is in hospital bed. Observe results of treatment. Use facility system to record and report treatments.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it even though the resident is seemingly unconscious. Discontinue treatment and report any complications. Prevent the complications of surgery or bedrest by encouraging resident to move about and use all of lung capacity.
EQUIPMENT AND SUPPLIES	Tissues Pillows
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 62.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body. Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Give vaginal douche

PERFORMANCE STANDARD: Resident's vaginal canal is irrigated with prescribed solution with no solution remaining in canal at conclusion of procedure. Resident's perineum and bed linens are clean and dry. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for resident.
7. Instruct resident to void, assisting resident to bathroom or providing bedpan as needed.
8. Warm solution under running hot water.
   NOTE: Test temperature on inner aspect of your wrist, ensuring that water is neither too hot or too cold.
9. Assemble solution container with tubing.
10. Clamp off tubing.
11. Pour solution into container.
12. Hang container on standard and place in lowest position.
13. Remove top bedding and drape resident.
14. Assist resident to back-lying position with hips higher than shoulders.
15. Place disposable underpad under buttocks.
16. Position resident on bedpan.
17. Put on gloves.
18. Open clamp to run some solution over perineal area separating labia with your left hand.
19. Insert irrigation tip 3-4 inches into vagina using downward and backward motion.
20. Rotate irrigation tip several times allowing prescribed amount of solution to enter vagina slowly.
21. Remove irrigation tip when container is almost empty.
22. Assist resident to sitting position.
23. Dry perineum with tissue.
24. Empty bedpan.
25. Leave resident in a safe and comfortable position.
26. Clean and put away equipment and supplies not in use.
27. Wash hands.
28. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Describe the anatomy of the female reproductive system.
Explain the purpose of vaginal irrigation.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Assist resident in using bedpan.
Position and drape resident for treatment.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.
Move and turn resident who is in hospital bed.
Observe results of treatment.
Use facility system to record and report treatments.

ATTITUDES

Respect resident's right to privacy.
Respect resident's dignity.
Realize organization prevents loss of time and resident discomfort and inconvenience.
Empathize with resident's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the resident's right to know about and participate in treatment.
In addition, refer to Employability Skills List.

SAFETY

Explain safe temperature of item which is to be in contact with resident's skin.
Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to resident and self.
Prevent accidents by providing adequate assistance to resident as indicated by their condition.
Put siderails up before leaving resident unattended.
Place call light where resident can easily reach it.
Discontinue treatment and report any complications.

EQUIPMENT AND SUPPLIES	Bedpan Drape Gloves Standard Prescribed solution Tissues Disposable underpad Vaginal irrigation tray
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 98.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Apply topical ointment

PERFORMANCE STANDARD: Affected area or wound is cleaned before treatment. The ointment matches order exactly. The treatment does not cause undue pain or skin damage.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble supplies.
6. Select topical ointment as ordered.
7. Compare label with order by reading three times:
   A. Before removing from shelf.
   B. Before applying.
   C. Before returning to shelf.
8. Cleanse area to receive treatment if ordered, or ask nurse to cleanse area if sterile procedures are ordered.
9. Apply ointment in thin coats with either a sterile tongue blade, spatula, or rubber gloves, as ordered.
10. Clean and put away equipment and supplies.
11. Leave resident in a safe and comfortable position.
12. Wash hands.
13. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Explain how this specific topical ointment is used and what the purpose of the ointment is.
Organize needed supplies.
Operate hospital bed.
Position resident for treatment.
Watch for signs of resident discomfort.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.

KNOWLEDGE (Cont.)	Cleanse and protect resident's skin. Use facility system in reporting and recording treatments. Observe results of treatment.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Use gentle touch during treatments as mucous membranes are easily injured. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment, and report any complications.
EQUIPMENT AND SUPPLIES	Topical ointment as ordered Applicator for ointment Gloves Soap Water Towel Washcloth Sterile cleansing supplies if ordered.
SOURCE OF ANALYSIS	V-TECS Catalog, Community Health Aide, Performance Objective 78.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Insert suppository

PERFORMANCE STANDARD: Rectal suppository is lubricated and inserted through the anal sphincter and guided into the rectum along the rectal wall a distance of about three inches. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble supplies.
6. Provide for privacy.
7. Adjust bed to nearly flat position, and lower siderail if necessary.
8. Fold bed linen back over hips to expose buttocks.
9. Unwrap covering of suppository, leaving it on wrapper.
10. Put on examining glove.
11. Lubricate suppository.
12. Expose resident's anus.
13. Ask resident to take a deep breath.
14. Slip suppository into anus, and guide it along the wall of rectum for approximately 3 inches.
    NOTE: Avoid pushing suppository into fecal mass.
15. Withdraw finger, and hold resident's buttocks tightly together for a few seconds.
16. Remove glove and place it on paper towel.
17. Discard disposable supplies.
18. Clean and put away equipment and supplies.
19. Leave resident in a safe and comfortable position.
20. Wash hands.
21. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Wash hands aseptically.
Use communication skills to explain procedures to resident and family.
Use aseptic technique.
Explain how this specific suppository is used and what the purpose of the suppository is.

KNOWLEDGE (Cont.)	Describe the anatomy of the rectum, anus and anal sphincter. Organize needed supplies. Operate hospital bed. Position resident for treatment. Watch for signs of resident discomfort. Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Cleanse and protect resident's skin. Use facility system in reporting and recording treatments. Observe results of treatment.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Use gentle touch during treatments as mucous membranes are easily injured. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment, and report any complications.
EQUIPMENT AND SUPPLIES	Clean examining glove Lubricant, water soluble Paper towel Suppository
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 103.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:

- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:

- Goal 7-D: Ability to determine whether an estimate is a better alternative than an exact value.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Give therapeutic bath

PERFORMANCE STANDARD: Resident is assisted with type of bath as ordered. Resident is assisted back to room; linens are changed; treatment bath is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Check the tub and clean it if necessary.
7. Assist the resident to the tub.

For medicated bath:

8. Add medication, i.e., oatmeal, sodium bicarbonate, cornstarch, saline, mustard as ordered.
9. Assist resident into tub.
10. Pat skin dry after bath.

For relaxing bath:

11. Fill tub to cover entire body.
12. Assist resident into tub.
13. Time bath for 15-20 minutes.

For hot water bath:

14. Fill tub with water at 110°F.
15. Assist resident into tub.

For whirlpool bath:

16. Attach mechanism to bathtub or use specially prepared tub.
17. Assist resident into tub.

For soaks:

18. Use solution with frequency and temperature of water as ordered.
19. Assist resident into tub.

For sitz bath:

20. Use folded bath blanket in tub on which resident may sit.
21. Use bathtub or sitz tub.
22. Assist resident into tub.

For all baths:

23. Hang the "occupied" sign on the door.
24. Check on the resident frequently.
25. Wash and dry resident's back.
26. Assist the resident as needed to get out of the tub.

STEPS (Cont.)	27. Assist resident to dry. 28. Put clean gown on resident. 29. Assist resident back to room or bed. 30. Give resident a backrub if indicated. 31. Change linen on bed. 32. Clean and put away equipment and supplies in room and tub room. 33. Leave resident in a safe and comfortable position. 34. Wash hands. 35. Record and report treatment and results.
KNOWLEDGE	Read and interpret assignment sheet. Read and interpret resident care plan. Use facility procedure for positively identifying resident. Wash hands aseptically. Use communication skills to explain procedures to resident and family. Use aseptic technique. Explain how this specific therapeutic bath is used and what the purpose of the bath is. Explain the supplies and equipment needed for each type of therapeutic bath. Organize needed supplies. Operate hospital bed. Watch for signs of resident discomfort. Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Cleanse and protect resident's skin. Use bath thermometer to determine the temperature of water in tub. Transfer and transport resident from bed to tub room and back to room. Use facility system in reporting and recording treatments. Observe results of treatment.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Identify safe temperatures for water which contacts resident's skin. Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Providing Therapeutic Measures

TASK: Apply antiembolism elastic stockings

PERFORMANCE STANDARD: Both of resident's legs are measured and are fitted with appropriate size stockings. Left stocking is on left leg and right stocking is on right leg. Stitching is positioned according to manufacturer's instructions. Application of stockings is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble supplies.
6. Provide for privacy.
7. Expose resident's legs.
8. Measure calf circumference.
9. Measure length of leg from heel to back of knee.
10. Record measurements.
11. Measure other leg and record measurements if gross difference exists in size of legs.
    NOTE: Order two sizes of stockings if leg sizes differ.
12. Obtain stockings in measured size(s).
13. Remove stockings from container.
14. Identify left and right leg stocking.
15. Insert hand into stocking as far as heel.
16. Grasp center of heel and turn stocking inside out to heel.
17. Position stocking over foot and heel.
18. Pull body of stocking up around ankle, calf and thigh.
19. Repeat for other leg.
20. Position stitching of stocking as indicated in instructions enclosed with stockings.
21. Explain importance to resident that stockings not be folded down.
22. Remove and apply stockings every shift.
23. Check size of stockings on resident to assure proper fit.
24. Report and record size(s) and application of stockings.

KNOWLEDGE: Read and interpret assignment sheet.
Read and interpret resident care plan.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Physical Development and Health:

Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Social Sciences:

Goal 3-F: Development of oral and written communication.

SAFETY (Cont.)	Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment, and report any complications.
EQUIPMENT AND SUPPLIES	Washcloth Towels Soap "Occupied" sign Medication if ordered Bath thermometer Bath blanket for sitz bath Backrub lotion Clean gown Clean linen
SOURCE OF ANALYSIS	Nursing Skills for Allied Health Services, Wood and Rambo, pp. 238-239.
ILLINOIS STATE GOALS FOR LEARNING	Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Goal 3-B: Estimation of measurements. Goal 3-D: Conversion of units within one system and from one system to another. Goal 7-D: Ability to determine whether an estimate is a better alternative than an exact value. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

KNOWLEDGE (Cont.)	Use facility procedure for positively identifying resident. Wash hands aseptically. Use communication skills to explain procedures to resident and family. Use aseptic technique. Explain why antiembolism stockings are used. Organize needed supplies. Operate hospital bed. Position resident for treatment. Watch for signs of resident discomfort. Use medical terminology to communicate with other health care workers. Cleanse and protect resident's skin. Use facility system in reporting and recording treatments. Observe results of treatment. Measure using tape measure. Compare measurements and determine any significant difference. Read and interpret manufacturer's instructions.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Realize organization prevents loss of time and resident discomfort and inconvenience. Empathize with resident's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the resident's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call light where resident can easily reach it. Discontinue treatment, and report any complications.
EQUIPMENT AND SUPPLIES	Elastic antiembolism stockings Stocking chart Manufacturer's instructions Tape measure
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 66.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:

- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:

- Goal 3-B: Selected principles of learning and motivation.

Mathematics:

- Goal 3-A: Measurement in various contexts using appropriate units.

TASK ANALYSIS

FOR

HEALTH OCCUPATIONS

CLUSTER: NURSING

OCCUPATION: GERIATRIC AIDE

Duty Area: Performing Diagnostic Measures

TASK ANALYSIS

OCCUPATION	Geriatric Aide
DUTY AREA	Performing Diagnostic Measures
TASK	Test patient's mental awareness
PERFORMANCE STANDARD	Resident's mental awareness is assessed through simple conversation. Observations are reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Begin conversation with resident noting resident's responses.
4. Ask resident to respond to simple questions such as:
   A. "What is your name?"
   B. "Where do you live?"
   C. "Where are you now?"
5. Orient resident as necessary.
6. Record and report responses and changes in resident's awareness.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Use facility procedure for positively identifying resident.
Use aseptic technique.
Explain the implications for testing mental awareness for various physical conditions.
Explain the levels of consciousness.
Use medical terminology to communicate with other health care workers.
Use facility system to record and report observations.

ATTITUDES

Respect resident's right to privacy.
Respect resident's dignity.
Empathize with resident regarding diagnostic procedure.
Accept the need for careful observation in regard to mental awareness for various conditions.
In addition, refer to Employability Skills List.

SAFETY	Prevent the spread of infection to resident, staff and families by using good handwashing and aseptic techniques. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Put siderails up before leaving resident unattended. Place call signal where resident can easily reach it even though the resident is seemingly unconscious.
EQUIPMENT AND SUPPLIES	Resident's chart
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 40.
ILLINOIS STATE GOALS FOR LEARNING	Biological and Physical Sciences: Goal 4-A: Observation. Goal 4-B: Classification. Goal 4-C: Inference. Goal 4-D: Prediction. Goal 4-E: Measurement. Goal 4-F: Communication. Goal 4-G: Data collection, organization and interpretation. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-V: Characteristics of mental health and mental illness. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Assist with physical examination

PERFORMANCE STANDARD: Resident is undressed and draped for examination. Physician is assisted in examining resident as situation requires. Labeled specimens are sent to lab with lab requisition slip. Procedure is recorded and reported as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Label specimen containers:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of specimen collection.
7. Attach label to specimen container.
8. Fill out lab requisition slip:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of specimen collection
   F. Tests to be done
   G. Physician's name
   H. Designate STAT or ROUTINE.
9. Provide privacy for resident.
10. Direct resident to undress or assist resident in undressing.
11. Position and drape resident according to area of body being examined.
    NOTE: Female resident should be attended by female nurse during examination by male physician. Male resident should be attended by male nurse during examination by female physician.
12. Hand physician essential equipment.
13. Position examination light.
14. Support resident in specific position.
15. Receive specimens.
16. Leave resident in a safe and comfortable position.
17. Send labeled specimens to lab.

STEPS (Cont.)	18. Direct resident to dress or assist resident in dressing. 19. Clean and put away equipment and supplies not in use. 20. Wash hands. 21. Record and report procedure.
KNOWLEDGE	Read and interpret assignment sheet. Read and interpret resident care plan. Wash hands aseptically. Use medical terminology to communicate with other health care workers. Identify reason for procedure. Select equipment and supplies for procedure. Use communication skills to explain procedure to resident. Position resident for procedure. Use medical and surgical aseptic technique. Anticipate physician's needs during procedure. Use communication skills to reassure and comfort resident as is appropriate during difficult or painful procedures. Use accepted methods to dispose of, clean and sterilize equipment and supplies. Use facility system to record and report observations. Use facility procedures to report and record procedure.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Empathize with resident regarding diagnostic procedure. Accept the importance of performing procedures efficiently and quickly. Value resident comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept that resident may need restraint due to inability to control self during painful or frightening procedure. In addition, refer to Employability Skills List.
SAFETY	Use facility procedure to positively identify resident. Use aseptic technique to prevent infection among residents, staff and families. Assist resident who may need restraint in order to save them from further injury. Put siderails up before leaving resident unattended. Place call signal where resident can reach it. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Discontinue procedure and report any complications. Label all specimens accurately.

EQUIPMENT AND SUPPLIES	Drape Label Lab requisition slip Ophthalmoscope Otoscope Pelvic examination tray and pap smear equipment as indicated Percussion hammer Rectal glove and lubricant Specimen container Sphygmomanometer Tongue blade Tuning fork
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 183.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Social Sciences: Goal 3-A: Selected theories of human physical development. Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Collect timed urine specimen

PERFORMANCE STANDARD: Resident and bed linens are clean and dry. Labeled bottle for urine collection is kept in cool place. Urine is collected at specified times. Labeled specimen is sent to lab with requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Fill out specimen label:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of collection.
7. Attach label to specimen container.
8. Fill out lab requisition slip:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of specimen collection
   F. Tests to be done
   G. Physician's name
   H. Designate STAT or ROUTINE.
9. Provide privacy for resident.
10. Assist resident to use bedpan, urinal or commode as condition dictates.
    NOTE: Ambulatory resident collects specimen unaided.
11. Instruct resident to void.
12. Discard this urine.
13. Record starting time.
14. Instruct resident to void all subsequent urine into bedpan or urinal and to notify nursing staff when each specimen is provided.
15. Collect all urine voided thereafter in labeled gallon bottle.
    NOTE: Collected urine must be kept in cool place.
16. Instruct resident to void at end of timed period.

STEPS (Cont.)

17. Add this urine to total collected.
18. Clean and put away equipment and supplies not in use.
19. Wash hands.
20. Leave resident in a safe and comfortable position.
21. Send labeled specimen to lab with completed requisition slip.
22. Record and report procedure.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to resident.
Use aseptic technique.
Use accepted methods to dispose of, and clean equipment and supplies.
Use facility system to record and report observations.
Use facility procedures to report and record procedure.
Explain anatomy and physiology related to urination.
Explain facility procedures for requisition and for sending specimen to lab.
Time procedures.

ATTITUDES

Respect resident's right to privacy.
Respect resident's dignity.
Empathize with resident regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value resident comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology resident understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept resident's need for privacy and possible resistance to accepting assistance.
Value resident's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use facility procedure to positively identify resident.
Use aseptic technique to prevent infection among residents, staff and families.
Put siderails up before leaving resident unattended.
Place call signal where resident can reach it.
Use principles of body mechanics to prevent injury to resident and self.

SAFETY (Cont.)	Prevent accidents by providing adequate assistance to resident as indicated by their condition. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Alert card Bedpan, urinal, specimen pan or commode Gallon bottle Label Lab requisition slip Specimen container
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 151.
ILLINOIS STATE GOALS FOR LEARNING	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Collect clean catch urine specimen

PERFORMANCE STANDARD: Resident and bed linens are clean and dry. Clean catch specimen is collected midstream in voiding from clean perineal area. Medical asepsis is maintained during procedure. Labeled specimen is sent to lab with lab requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Fill out specimen label:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of collection.
7. Fill out lab requisition slip:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of specimen collection
   F. Tests to be done
   G. Physician's name
   H. Designate STAT or ROUTINE.
8. Provide privacy for resident.
9. Assist resident to use bedpan, urinal, commode or toilet with specimen pan in place.
10. Put on disposable gloves.
11. Instruct resident to, or assist resident to expose urinary meatus.
12. Instruct resident to, or assist resident to cleanse area around urinary meatus, front to back with clean cotton ball or antiseptic wipe for each stroke.
13. Instruct resident to void.
14. Collect urine specimen.
    NOTE: First and last portion of urine is not collected, only the mid-stream.
15. Remove gloves.

STEPS (Cont.)

16. Leave resident in a safe and comfortable position.
17. Clean and put away equipment and supplies not in use.
18. Wash hands.
19. Attach label to specimen container.
20. Send labeled specimen to lab with completed requisition slip.
21. Record and report procedure and observations.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to resident.
Position resident for procedure.
Use medical aseptic technique.
Use communication skills to reassure and comfort resident as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Explain facility procedures for requisition and for sending specimen to lab.
Use facility system to record and report observations.
Use facility procedures to report and record procedure.
Write legibly.
Explain anatomy and physiology related to urination.

ATTITUDES

Respect resident's right to privacy.
Respect resident's dignity.
Empathize with resident regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value resident comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology resident understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept resident's need for privacy and possible resistance to accepting assistance.
Value resident's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use facility procedure to positively identify resident.
Use aseptic technique to prevent infection among residents, staff and families.

SAFETY (Cont.)	Put siderails up before leaving resident unattended. Place call signal where resident can reach it. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Bedpan, urinal, specimen pan, or commode Cleansing agent Cotton balls or antiseptic wipes Disposable gloves Label Lab requisition slip Sterile specimen container
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 150.
ILLINOIS STATE GOALS FOR LEARNING	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Collect routine urine specimen

PERFORMANCE STANDARD: Resident and bed linens are dry. Labeled specimen is sent to lab with lab requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Fill out specimen label:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of collection
7. Attach label to specimen container.
8. Fill out lab requisition slip:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of specimen collection
   F. Tests to be done
   G. Physician's name
   H. Designate STAT or ROUTINE
9. Provide privacy for resident.
10. Assist resident to use commode, bedpan, urinal or toilet (with specimen pan in place) as condition dictates.
    NOTE: Ambulatory resident collects specimen unaided.
11. Instruct resident to void.
12. Collect urine specimen and pour into labeled specimen cup, measuring as indicated.
13. Empty remainder of urine into toilet.
14. Leave resident in a safe and comfortable position.
15. Clean and put away equipment and supplies not in use.
16. Wash hands.
17. Send labeled specimen to lab with completed requisition slip.
18. Record and report procedure and observations.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to resident.
Position resident for procedure.
Use medical aseptic technique.
Use communication skills to reassure and comfort resident as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Explain facility procedures for requisition and for sending specimen to lab.
Use facility system to record and report observations.
Use facility procedures to report and record procedure.
Write legibly.
Explain anatomy and physiology related to urination.

ATTITUDES

Respect resident's right to privacy.
Respect resident's dignity.
Empathize with resident regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value resident comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology resident understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept resident's need for privacy and possible resistance to accepting assistance.
Value resident's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use facility procedure to positively identify resident.
Use aseptic technique to prevent infection among residents, staff and families.
Put siderails up before leaving resident unattended.
Place call signal where resident can reach it.
Use principles of body mechanics to prevent injury to resident and self.
Prevent accidents by providing adequate assistance to resident as indicated by their condition.
Label all specimens accurately.

EQUIPMENT AND SUPPLIES	Bedpan, urinal, commode or toilet with specimen pan Label Lab requisition slip Specimen container
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 149.
ILLINOIS STATE GOALS FOR LEARNING	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Collect 24-hour urine specimen

PERFORMANCE STANDARD: Resident and bed linens are clean and dry. Labeled bottle for urine collection is kept in cool place. Urine is collected over 24-hour period. Labeled specimen is sent to lab with requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Fill out specimen label:
   - A. Resident's name
   - B. Resident's identification number
   - C. Nursing unit
   - D. Resident's room number
   - E. Date and time of collection.
7. Attach label to specimen container.
8. Fill out lab requisition slip:
   - A. Resident's name
   - B. Resident's identification number
   - C. Nursing unit
   - D. Resident's room number
   - E. Date and time of specimen collection
   - F. Tests to be done
   - G. Physician's name
   - H. Designate STAT or ROUTINE.
9. Provide privacy for resident.
10. Assist resident to use bedpan, urinal, commode or toilet with specimen pan in place as condition dictates.
    NOTE: Ambulatory resident collects specimen unaided.
11. Instruct resident to void.
12. Discard this urine.
13. Record starting time.
14. Instruct resident to void all subsequent urine into bedpan or urinal and to notify nursing staff when each specimen is provided.
15. Collect all urine voided thereafter in labeled gallon bottle.
    NOTE: Collected urine must be kept in cool place.
16. Instruct resident to void at end of 24-hour period.

STEPS (Cont.)

17. Add this urine to total collected.
18. Clean and put away equipment and supplies not in use.
19. Wash hands.
20. Leave resident in a safe and comfortable position.
21. Send labeled specimen to lab with completed requisition slip.
22. Record and report procedure.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to resident.
Use aseptic technique.
Use accepted methods to dispose of, and clean equipment and supplies.
Use facility system to record and report observations.
Use facility procedures to report and record procedure.
Explain anatomy and physiology related to urination.
Explain facility procedures for requisition and for sending specimen to lab.
Time procedure.

ATTITUDES

Respect resident's right to privacy.
Respect resident's dignity.
Empathize with resident regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value resident comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology resident understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept resident's need for privacy and possible resistance to accepting assistance.
Value resident's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use facility procedure to positively identify resident.
Use aseptic technique to prevent infection among residents, staff and families.
Put siderails up before leaving resident unattended.
Place call signal where resident can reach it.
Use principles of body mechanics to prevent injury to resident and self.

SAFETY (Cont.)	Prevent accidents by providing adequate assistance to resident as indicated by their condition. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Alert card Bedpan, urinal, specimen pan or commode Gallon bottle Label Lab requisition slip Specimen container
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 151.
ILLINOIS STATE GOALS FOR LEARNING	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Collect sputum specimen

PERFORMANCE STANDARD: Minimum of one teaspoon of sputum is collected from resident when resident first wakes in morning. Container is sterile and not contaminated. Labeled specimen is sent to lab with lab requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for resident.
7. Fill out specimen label:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date of collection.
8. Attach label to specimen container.
9. Fill out lab requisition slip:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of specimen collection
   F. Tests to be done
   G. Physician's name
   H. Designate STAT or ROUTINE.
10. Place container at bedside.

Instruct resident to:

11. Collect specimen upon waking in morning.
12. Cough up sputum from lungs and bronchi.
13. Spit into container.
14. Call as soon as specimen is collected.

When resident has collected specimen:

15. Return to collect specimen.
16. Assist resident with oral hygiene.
17. Send labeled specimen to lab with completed requisition slip.
18. Leave resident in a safe and comfortable position.
19. Clean and put away equipment and supplies not in use.

STEPS (Cont.)	20. Wash hands. 21. Record and report procedure and characteristics of specimen.
KNOWLEDGE	Read and interpret assignment sheet. Read and interpret resident care plan. Wash hands aseptically. Use medical terminology to communicate with other health care workers. Identify reason for procedure. Select equipment and supplies for procedure. Use communication skills to explain procedure to resident. Use medical aseptic technique. Use communication skills to reassure and comfort resident as is appropriate during difficult or embarrassing procedures. Use accepted methods to dispose of or clean equipment and supplies. Use facility procedures for requisition and for sending specimen to lab. Use facility system to record and report observations. Use facility procedures to report and record procedure. Write legibly. Explain anatomy and physiology related to respiratory system. Describe sputum and how resident raises sputum.
ATTITUDES	Recognize that collecting a sputum specimen can be embarrassing for the resident. Recognize that other residents may find the sounds and sight of coughing and expectorating upsetting and nauseating. Respect resident's right to privacy. Respect resident's dignity. Empathize with resident regarding diagnostic procedure. Accept the importance of performing procedures efficiently and quickly. Value resident comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept need to use terminology resident understands. Accept need to do distasteful nursing tasks thoroughly. Accept resident's need for privacy and possible resistance to accepting assistance. Value resident's need to comprehend their role in collecting specimen. Accept need to be honest in regard to accurately carrying out procedure. In addition, refer to Employability Skills List.
SAFETY	Use facility procedure to positively identify resident. Use aseptic technique to prevent infection among resident, staff and families.

SAFETY (Cont.)	Put siderails up before leaving resident unattended. Place call signal where resident can reach it. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Label Lab requisition slip Specimen container Oral hygiene equipment and supplies
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 152.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease. Biological and Physical Sciences: Goal 1-N: Relationship of structure to function. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Collect stool specimen

PERFORMANCE STANDARD: Resident and bed linens are clean. Collected specimen is labeled and is sent to lab with lab requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for resident.
7. Fill out specimen label:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of collection.
8. Fill out lab requisition slip:
   A. Resident's name
   B. Resident's identification number
   C. Nursing unit
   D. Resident's room number
   E. Date and time of specimen collection
   F. Tests to be done
   G. Physician's name
   H. Designate STAT or ROUTINE.

Collect specimen from continent resident:

9. Provide bedpan, commode or toilet with specimen pan.
10. Instruct resident to call when defecation completed.
11. Return when called by resident.
12. Put on disposable gloves.
13. Transfer stool specimen to specimen container using tongue blade.
14. Wrap tongue blade in paper towel.

Collect specimen from incontinent resident:

15. Put on disposable gloves.
16. Use tongue blade to transfer specimen from linen to specimen container.
17. Cleanse resident.

Collect specimen from unconscious or constipated resident:

18. Put on disposable gloves.

STEPS (Cont.)

19. Remove stool specimen manually.
20. Place specimen in container.

After collecting stool specimen:

21. Remove gloves.
22. Leave resident in a safe and comfortable position.
23. Clean and put away equipment and supplies not in use.
24. Wash hands.
25. Attach label to specimen container.
26. Send labeled specimen to lab with completed requisition slip.
    NOTE: Ova and parasite specimens must be delivered immediately.
27. Record and report procedure and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to resident.
Position resident for procedure.
Use medical aseptic technique.
Use communication skills to reassure and comfort resident as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Explain facility procedures for requisition and for sending specimen to lab.
Use facility system to record and report observations.
Use facility procedures to report and record procedure.
Write legibly.
Explain anatomy and physiology related to elimination.

ATTITUDES

Respect resident's right to privacy.
Respect resident's dignity.
Empathize with resident regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value resident comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology resident understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept resident's need for privacy and possible resistance to accepting assistance.
Value resident's need to comprehend their role in collecting specimen.

ATTITUDES (Cont.)	Accept need to be honest in regard to accurately carrying out procedure. In addition, refer to Employability Skills List.
SAFETY	Use facility procedure to positively identify resident. Use aseptic technique to prevent infection among resident, staff and families. Put siderails up before leaving resident unattended. Place call signal where resident can reach it. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Bedpan, commode or toilet with specimen pan Disposable gloves Label Lab requisition slip Paper towel Specimen container Tongue blades
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 148.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Biological and Physical Sciences: Goal 1-N: Relationship of structure to function. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Strain urine

PERFORMANCE STANDARD: Resident and bed linens are clean and dry. Stones are saved and results of urine straining are reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for resident.
7. Give resident a specimen cup.
8. Direct resident to void into specimen container.
9. Assist resident to bathroom or to use bedpan or urinal as condition indicates.
10. Pour urine though strainer.
11. Watch for any stones in strainer.
    NOTE: If stone is passed, save in container.
12. Leave resident in a safe and comfortable position.
13. Clean and put away equipment and supplies not in use.
14. Wash hands.
15. Record and report procedure and observations.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret resident care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to resident.
Use medical aseptic technique.
Use communication skills to reassure and comfort resident as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Use facility system to record and report observations.
Use facility procedures to report and record procedure.
Write legibly.
Explain anatomy and physiology related to urination.

ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Empathize with resident regarding diagnostic procedure. Accept the importance of performing procedures efficiently and quickly. Value resident comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept need to use terminology resident understands. Accept need to do distasteful nursing tasks thoroughly. Accept resident's need for privacy and possible resistance to accepting assistance. Value resident's need to comprehend their role in collecting specimen. Accept need to be honest in regard to accurately carrying out procedure. In addition, refer to Employability Skills List.
SAFETY	Use facility procedure to positively identify resident. Use aseptic technique to prevent infection among resident, staff and families. Put siderails up before leaving resident unattended. Place call signal where resident can reach it. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Bedpan, urinal, commode or toilet with specimen pan Container Specimen cup Urine strainer
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 87.
ILLINOIS STATE GOALS FOR LEARNING	Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:

- Goal 3-A: Measurement in various contexts using appropriate units.

Physical Development and Health:

- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Perform urine test for sugar and acetone

PERFORMANCE STANDARD: Resident and bed linens are clean and dry. Test is done on second voided specimen unless resident cannot produce second specimen. Effects of Clinitest tablet, Tes-tape or Ketostix are compared with color chart. Results of test are reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Assist resident to bedpan, urinal, commode or toilet with specimen pan as indicated by condition.
   NOTE: Ambulatory resident collects specimen unaided.
7. Provide privacy for resident.
8. Instruct resident to void.
9. Save urine in case resident cannot void second time.
10. Give resident liquids to drink.
11. Instruct resident to void for second specimen.

For Clinitest method:

12. Drop 5 drops of urine into test tube with eyedropper.
13. Rinse eyedropper.
14. Drop 10 drops of water into test tube.
15. Rotate test tube between fingers to mix urine and water.
16. Drop one Clinitest tablet into test tube without touching tablet with fingers.
17. Close bottle tightly.
18. Shake tube gently after 15 seconds.
19. Compare with Clinitest color chart.

For Tes-tape method:

20. Remove 1 1/2 inches of Tes-tape from dispenser.
21. Dip tape end into urine specimen and remove immediately or drop urine on Tes-tape.
22. Wait 60 seconds.
23. Compare tape with color chart.

For Ketostix method:

24. Remove one Ketostix from bottle.
25. Close bottle tightly.
26. Dip tip of Ketostix into urine.
27. Tap on side of container to remove excess.
28. Remove Ketostix.

STEPS (Cont.)	29. Wait 15 seconds. 30. Compare Ketostix to color chart. **After tests:** 31. Leave resident in a safe and comfortable position. 32. Clean and put away equipment and supplies not in use. 33. Wash hands. 34. Record and report procedure and results.
KNOWLEDGE	Read and interpret assignment sheet. Read and interpret resident care plan. Wash hands aseptically. Use medical terminology to communicate with other health care workers. Identify reason for procedure. Select equipment and supplies for procedure. Use communication skills to explain procedure to resident. Use medical aseptic technique. Use communication skills to reassure and comfort resident as is appropriate during difficult or embarrassing procedures. Use accepted methods to dispose of or clean equipment and supplies. Use facility system to record and report observations. Use facility procedures to report and record procedure. Write legibly. Explain anatomy and physiology related to urination, renal and endocrine function.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Empathize with resident regarding diagnostic procedure. Accept the importance of performing procedures efficiently and quickly. Value resident comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept need to use terminology resident understands. Accept need to do distasteful nursing tasks thoroughly. Accept resident's need for privacy and possible resistance to accepting assistance. Value resident's need to comprehend their role in collecting specimen. Accept need to be honest in regard to accurately carrying out procedure. In addition, refer to Employability Skills List.
SAFETY	Use facility procedure to positively identify resident. Use aseptic technique to prevent infection among residents, staff and families. Put siderails up before leaving resident unattended. Place call signal where resident can reach it.

SAFETY (Cont.)	Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Bedpan, urinal, commode or toilet with specimen pan Specimen container Clinitest tablet or Tes-tape and Ketostix Eyedropper Water Sugar and acetone color charts Test tube
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 153.
ILLINOIS STATE GOALS FOR LEARNING	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Measure specific gravity of urine

PERFORMANCE STANDARD: Resident and bed linens are clean and dry. Specific gravity is measured from dark area of urinometer. Reading is reported and recorded as required.

STEPS:

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for resident.
7. Collect routine urine specimen.
8. Draw up urine in eyedropper.
9. Deposit one drop urine onto designated area of urinometer.
10. Close instrument.
11. Look through eyepiece of instrument.
12. Note number where dark area ends.
13. Clean instrument and eyedropper.
14. Return equipment to storage.
15. Leave resident in a safe and comfortable position.
16. Wash hands.
17. Record and report procedure and results.

KNOWLEDGE:

Read and interpret assignment sheet.
Read and interpret resident care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to resident.
Use medical aseptic technique.
Use communication skills to reassure and comfort resident as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Use facility system to record and report observations.
Use facility procedures to report and record procedure.

KNOWLEDGE (Cont.)	Write legibly. Explain anatomy and physiology related to urinary system.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Empathize with resident regarding diagnostic procedure. Accept the importance of performing procedures efficiently and quickly. Value resident comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept need to use terminology resident understands. Accept need to do distasteful nursing tasks thoroughly. Accept resident's need for privacy and possible resistance to accepting assistance. Value resident's need to comprehend their role in collecting specimen. Accept need to be honest in regard to accurately carrying out procedure. In addition, refer to Employability Skills List.
SAFETY	Use facility procedure to positively identify resident. Use aseptic technique to prevent infection among resident, staff and families. Put siderails up before leaving resident unattended. Place call signal where resident can reach it. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Bedpan, urinal, commode or specimen pan Eyedropper Specimen container Urinometer
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 154.
ILLINOIS STATE GOALS FOR LEARNING	Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Physical Development and Health:

- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Test for ketones

PERFORMANCE STANDARD: Resident and bed linens are clean and dry. Test is done on second voided specimen unless resident cannot produce second specimen. Effects of Acetest tablet or Ketostix are compared with color chart. Results of test are reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify resident's identity.
3. Explain procedure to resident.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for resident.
7. Collect second voided urine specimen.

Test urine using Acetest:

8. Place Acetest tablet on paper towel.
   NOTE: Use bottle cap, not fingers to move tablet.
9. Replace cap on bottle tightly.
10. Rinse the eyedropper with water.
11. Draw some of the urine into eyedropper.
12. Drop one drop of urine onto the tablet.
13. Wait 30 seconds.
14. Compare the tablet with the color chart.

Test urine using Ketostix:

15. Remove one Ketostix from bottle.
16. Close bottle tightly.
17. Dip tip of Ketostix into urine.
18. Tap on side of container to remove excess.
19. Remove Ketostix.
20. Wait 15 seconds.
21. Compare Ketostix to color chart.
22. Read the result that corresponds with the color match.

After tests:

23. Leave resident in a safe and comfortable position.
24. Clean and put away equipment and supplies not in use.
25. Wash hands.
26. Record and report procedure and results.

KNOWLEDGE:
Read and interpret assignment sheet.
Read and interpret resident care plan.
Wash hands aseptically.

KNOWLEDGE (Cont.)	Use medical terminology to communicate with other health care workers. Identify reason for procedure. Select equipment and supplies for procedure. Use communication skills to explain procedure to resident. Use medical aseptic technique. Use communication skills to reassure and comfort resident as is appropriate during difficult or embarrassing procedures. Use accepted methods to dispose of or clean equipment and supplies. Use facility system to record and report observations. Use facility procedures to report and record procedure. Write legibly. Explain anatomy and physiology related to urinary system. Compare color charts and determine similarities.
ATTITUDES	Respect resident's right to privacy. Respect resident's dignity. Empathize with resident regarding diagnostic procedure. Accept the importance of performing procedures efficiently and quickly. Value resident comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept need to use terminology resident understands. Accept need to do distasteful nursing tasks thoroughly. Accept resident's need for privacy and possible resistance to accepting assistance. Value resident's need to comprehend their role in collecting specimen. Accept need to be honest in regard to accurately carrying out procedure. In addition, refer to Employability Skills List.
SAFETY	Use facility procedure to positively identify resident. Use aseptic technique to prevent infection among residents, staff and families. Put siderails up before leaving resident unattended. Place call signal where resident can reach it. Use principles of body mechanics to prevent injury to resident and self. Prevent accidents by providing adequate assistance to resident as indicated by their condition. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Bedpan, urinal, commode or toilet with specimen pan Specimen container Acetest tablet Ketostix

EQUIPMENT AND SUPPLIES (Cont.)	Eyedropper Water Color charts Paper towel
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 153. V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 45.
ILLINOIS STATE GOALS FOR LEARNING	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION: Geriatric Aide

DUTY AREA: Performing Diagnostic Measures

TASK: Weigh and measure infant

PERFORMANCE STANDARD: Infant's head is supported during procedure. Infant's weight and length is measured; and measurements are reported and recorded as required.

STEPS:

1. Receive assignment.
2. Verify infant's identity.
3. Explain procedure to parent.
4. Wash hands.
5. Assemble equipment and supplies.
6. Place protector pad on scales.
7. Remove infant's clothing.
8. Place infant flat on scales.
   CAUTION: Infant's head must be supported at all times.
9. Note infant weight.
10. Measure infant from head to feet.
11. Replace infant in crib, rewrapping with blanket.
12. Report and record weight and length measurements.

KNOWLEDGE:

Read and interpret assignment sheet.
Read and interpret patient care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to parent.
Position patient for procedure.
Use medical aseptic technique.
Use accepted methods to dispose of or clean equipment and supplies.
Use facility system to record and report observations.
Use facility procedures to report and record procedure.
Write legibly.
Balance scale with protector pad in place as weight of pad can alter accuracy of small infant's weight significantly.
Read and convert pounds and kilograms.
Read and convert inches and centimeters.
Balance scale.
Read scale.

KNOWLEDGE (Cont.)	Hold infant. Dress and undress infant.
ATTITUDES	Accept the importance of performing procedures efficiently and quickly. Value patient comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept need to use terminology parent understands. Accept need to be honest in regard to accurately carrying out procedure. In addition, refer to Employability Skills List.
SAFETY	Use facility procedure to positively identify patient. Use aseptic technique to prevent infection among infant, staff and families. Put crib sides up before leaving infant unattended. Safeguard infant by remaining directly in front of infant while weighing. Handle infant safely.
EQUIPMENT AND SUPPLIES	Protector pad Scales Tape measure
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 177.
ILLINOIS STATE GOALS FOR LEARNING	Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Goal 3-D: Conversion of units within one system and from one system to another. Goal 3-E: Application of selected measurement systems, instruments, and techniques. Goal 7-D: Ability to determine whether an estimate is a better alternative than an exact value. Physical Development and Health: Goal 1-F: Basic concepts of human growth and development during the following stages: pre-natal, infancy, childhood, adolescence, adulthood and the aging. Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.